

LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM

PO Box 100, 315 SW 4TH AVE, 2ND FLOOR, ALBANY, OR 97321

PHONE (541) 967-3821 FAX (541) 924-6904

<http://www.co.linn.or.us/health/eh/eh.htm>



TEMPORARY RESTAURANT LICENSE FACT SHEET

Temporary Restaurant Licenses are required when food is prepared or served for consumption by the public at events. **Your Temporary Restaurant License will fall into one of the following three categories:**

SINGLE EVENT Temporary Restaurant License	SEASONAL Temporary Restaurant License	INTERMITTENT Temporary Restaurant License
<ul style="list-style-type: none"> - Operates in conjunction with a single public gathering, entertainment event, food product promotion or other event. - Valid for 30 days of continual operation. 	<ul style="list-style-type: none"> - Must be same menu, location, and access to same sanitation services. - Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events that are arranged by the same oversight organization*. - Information related to the specific events and dates of operation must be provided at the time of application. - Valid for up to 90 days. - Subject to Operational Review 	<ul style="list-style-type: none"> - Must be same menu, location and access to the same sanitation services. - Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events, at least two of which are arranged for by different oversight organizations*. - Information related to specific events and dates of operation must be provided at the time of application. - Valid for up to 30 days. - Subject to Operational Review

***Oversight Organization** is any entity responsible for organizing, managing, or otherwise arranging of a public gathering, entertainment event, food product promotion or other event, including but not limited to ensuring the availability of water, sewer and sanitation services.

Operational Review is the examination of a plan of operation for an establishment in order to ensure that the proposed operation conforms with applicable sanitation standards.

Operational Reviews are required for **initial Seasonal** or **Intermittent** temporary restaurant licensing **or** when a licensed facility either changes their location or makes "substantial menu alteration" which means a change of menu that increases the complexity of the menu of a seasonal temporary restaurant and intermittent temporary restaurant operation. An increase in complexity occurs when the menu moves from: (a) *Service of ready-to-eat foods that requires no further preparation or cooking;* to (b) *Foods that are prepared or cooked on-site and served directly to the consumer that day;* to (c) *Foods that must be prepared in the operation in advance and reheated or cooled over the course of multiple days of operation.*

The following must be obtained prior to your event:

- Food handler cards (1 certified worker per shift)
- Probe thermometers to check food temperatures (Range of 0° – 220°F)
- Refrigerator thermometer in every cooler/refrigerator unit
- Test strips for sanitizing solution
- Hand washing facilities (**must be set up before any food preparation takes place**)

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DATE RECEIVED:	RECEIVED BY:
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FEE PAID:	RECEIPT #:
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Temporary Restaurant License Application

FILL OUT APPLICATION COMPLETELY. For information, contact this office or see the **Temporary Restaurant Operation Guide** and the **Oregon Food Sanitation Rules** online.

Name of Event:

Event Address:
 (include city, state, zip)

License Type: Single Event Intermittent (30 Day) Seasonal (90 Day)

Intermittent and Seasonal Only: Renewal If renewal, serving same menu: Yes No

Check One: For Profit Benevolent – Nonprofit Tax ID #: _____

Booth Name/Number:

Dates of Operation: Start Date End Date

Days and Times of Operation:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

(additional space provided in the attachments for Benevolent, Intermittent or Seasonal Temporary Events)

Person in Charge of Booth:

Phone: _____ Cell: _____

E-mail: _____

Restaurant or Organization:

Business Address:
 (include city, state, zip)

Phone: _____ Cell: _____

E-mail: _____

Event Organizer: (additional space provided on attachment for Intermittent and Seasonal Temporary Events)

Name: _____ Contact Person: _____

Phone: _____ Cell: _____

Email: _____

Facility Used for Off-Site Preparation:
 (Must be a licensed facility. No home prepared foods are allowed. Attach additional sheets if needed)

Business Address:
 (include city, state, zip)

Phone: _____ Cell: _____

Email: _____

ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY

Water Source:

Ice Source:

Sewage Disposal: Public Septic Portable Toilet Service Portable Onsite Wastewater Tank

Handwashing Facilities – Describe:

(Must be set up before any food preparation takes place)

Menu: Please submit an accurate menu or list all food items, including toppings below. NO HOME PREPARED FOODS ARE ALLOWED.

Please attach additional sheets if necessary

Food Item	Preparation Location	Cooking/Holding Method	Food Item	Preparation Location	Cooking/Holding Method
<i>Example: Hot Dog</i> Served/Held: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Cold	<input checked="" type="checkbox"/> Onsite <input type="checkbox"/> Offsite	Cooked on grill, held in steam table	 Served/Held: <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
 Served/Held: <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite		 Served/Held: <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
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 Served/Held: <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite		 Served/Held: <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	

Advanced Preparation:

(Describe how foods are cooked and rapidly cooled)

Devices used for Cold Holding:

(e.g. Refrigerator, cooler)

Devices used for Hot Holding:

(e.g. Steam table, Warmer, Heat Cabinet)

Devices used for Cooking/Rapid Heating:

(e.g. Stove, Oven, Grill)

What will be done with leftover food?

License Applicant Signature:

Printed Name:

Date:



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Intermittent and Seasonal Temporary Restaurant Operational Plan Review Application

An Operational Plan Review is required before an Intermittent or Seasonal Temporary Restaurant License is issued. The purpose of the Operational Plan Review is to ensure that the food managers and employees are trained and have the correct equipment available to prevent a foodborne illness outbreak. Refer to the Temporary Restaurant Operation Guide to help you develop your Operational Plan.

1. Identify the type of temporary restaurant that you are requesting to operate.

- Intermittent Temporary Restaurant** is a food operation at a specific location in connection with multiple public events having different oversight organizations, at least two events arranged by different organizations. Examples: Rose Festival and Blues Festival. The location must remain the same and the menu is not altered. This license expires after 30 days.
- Seasonal Temporary Restaurant** is a food operation at a specific location in connection to an event arranged by one oversight organization. The location remains the same and the menu is not altered. Examples: Farmers market or Little League. This license expires after 90 days.

2. Food Booth Name

Person in Charge of Booth

Day Phone

Mailing Address

Email Address

For Office Use Only:
Application Approved? Yes No
Inspector Comments:

3. Food Temperature Control (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked, cooled and held cold?

b. How will food temperatures be maintained during transport?

c. How will food be protected from contamination during transport and at the booth?

d. Will reheating occur off-site in addition to the event site? Yes No

e. How will food be reheated?

f. How will food be kept hot?

g. How will you monitor food temperatures? What type of thermometers?

4. Leftovers -What will happen to prepared food that is leftover?

5. Food Supplier -Meat, Poultry, Fish, Shellfish, Produce, Dairy

6. Describe your plan for dealing with ill workers

7. Describe how you will train your employees to prevent bare hand contact with ready-to-eat food

8. Booth Construction

Describe the type of overhead protection provided

Describe the type of floor provided to effectively control mud and dust

If pests are present, describe how you will protect the booth from pests

9. Diagram/Pictures

Attach a diagram and pictures of the booth's layout. Include handwashing facilities, food storage, cooking equipment, utensils, food preparation surfaces, utensil/equipment washing facilities, cold/hot holding storage, single service products, and sanitizer. Please use graph paper for diagram.

10. Food Handler Cards

Provide a copy of your food handler or food manager training certificate/card.

11. Location of Event(s)

Address

City

12. Infrastructure: Does this site provide the following?

- | | | |
|-----------------|------------------------------|-----------------------------|
| Public water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restrooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sewage disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handwashing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. If no to any of the above, how will you address each of these items?

14. Oversight Organization of the Event(s)

Oversight Organization's Name _____

Name of Event(s) _____

Coordinator _____ Phone _____

Coordinator's Email _____ Cell _____

Services Provided by the Oversight Organization
(e.g. garbage collection, portable toilets, ice, gray water collection/disposal site)

Dates of Food Service (start date/end date) _____

Days & Times of Food Service (Booth) Operation

Are there any additional comments regarding your operation?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Intermittent temporary restaurant applicants

Make copies of this page for additional events that will occur at this location under your intermittent temporary restaurant license.

Oversight Organization of the Event(s)

Oversight Organization's Name

Name of Event(s)

Coordinator

Phone

Coordinator's Email

Cell

Services Provided by the Oversight Organization

(e.g. garbage collection, portable toilets, ice, gray water collection/disposal site)

Dates of Food Service (start date/end date)

Days & Times of Food Service (Booth) Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							